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ABSTRACT

The terrorist attacks on September 11, 2001, affected the psychological health of individuals of all ages in the U.S. Compared to other age groups, older adults often experience more difficulty in obtaining disaster assistance. Therefore, an outreach team was formed specifically to assist nursing home residents as part of a community effort at a counseling psychology department in a Midwestern university after the terrorist attacks on September 11, 2001. This outreach program to nursing home residents provided several important clinical and research implications in order to serve older adults in future exposures to disaster. These findings include the need for mental health professionals to be aware of both the need for timely support to seniors following a traumatic exposure and the strong need for staff training at nursing homes. (Contains 12 references.) (GCP)

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Trauma Relief: Nursing Home Outreach in Response to 9/11

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Trauma Relief: Nursing Home Outreach in Response to 9/11

The terrorist attack on September 11, 2001, affected the psychological health of individuals of all ages in the U.S. Compared to other age groups, older adults often experience more difficulty in obtaining disaster assistance (Administration on Aging, 2001). Therefore, an outreach team was formed specifically to assist nursing home residents as a part of a community effort at a counseling psychology department in a midwestern university after the terrorist attack on September 11, 2001.

Among the 23 nursing homes listed in the area phonebook, 15 nursing homes were contacted based on their locations. From those contacted, three nursing homes requested the outreach services. Only one nursing home reported that the staff psychologist had held a debriefing session. In order to mitigate the psychological impacts of 9/11 among nursing home residents, the outreach team members created a debriefing protocol to meet specific needs of this population. The protocol was created due to the lack of information found specifically for this population and was formulated by integrating the following aspects: 1) the Critical Incident Stress Debriefing (CISD) process model (Mitchell, 1983), 2) information to help children after 9/11 via electronic sources (North Plate Public School Crisis Team, 2001, & American Psychological Association, 2001), and 3) some essential knowledge of gerontological and geriatric psychology such as general principles of group therapy in nursing homes (Brink, 1990; Spayd & Smyer, 1996). The major aims of the debriefing were to provide an opportunity for catharsis, to offer emotional support and coping recourses, and to restore a sense of security and control.

About 50 residents were invited to attend a debriefing session either in a small group or in an individual setting depending upon their physical and mental impairment. Due to the nature

of the impairment of the residents (e.g., dementia) about half of those residents whom we reached failed to recall the 9/11 trauma, and simply wanted to talk about unrelated past life events. Those who were more in touch with reality discussed their reactions during this disaster outreach service.

Overall, based on their reactions in debriefing sessions, the participants appeared to be well-adjusted to their lives at these nursing homes two weeks after the terrorist attack. During the beginning phase of the debriefing, many residents talked about what they did or thought immediately after receiving the 9/11 news. The majority of the residents reported that they immediately thought about their families and attempted to contact them regardless of the locations of their residences. A resident said, "As soon as I saw the news, I thought about my daughter because she travels around the country for her job." Almost all of the participants discussed the fact that they recalled past wars: "I saw my husband off to the Korean War, and now it is my grandson's turn who is in the military!" Many of them associated the 9/11 attack with the Pearl Harbor attack.

When the residents were allowed emotional catharsis, some of them showed a concern over their own safety—the fear of not being able to escape. Agitation and avoidance were also displayed by a small number of residents during this mid-phase of the debriefing. Many of the higher-functioning residents showed signs described by the inoculation hypothesis (Gray, 1981). The inoculation hypothesis states that older adults who have had previous experiences with stressful situations experience a sort of emotional inoculation against highly stressful events precisely because they have lived through previous traumatic disasters (Knight, Gatz, Heller, & Bengtson, 2000). Knight et al. also discussed another hypothesis—the maturation hypothesis, which states that older adults are less emotional during traumatic events. Older adults are more

likely to have more advanced and useful coping styles compared to the younger generation because of their life experiences. The more experience a person has with past traumatic events, the more a person is protected against strong reactions to a trauma that may happen in the future.

Gatz (2002) stated that older adults were more able to cope with traumatic events due to their past experiences. A chart presented by Gatz (2002) at the 4th Annual Summer Institute on Aging of the Minority Aging Network In Psychology (MANIP) was modified to illustrate the relationships between effective coping and major life events. For example, individuals who were born in the 1920's experienced the Great Depression, World War II, the Korean War, the civil rights movement, the Vietnam War, the Gulf War, and 9/11. These individuals have experienced more traumatic events than a person born in the 1960's who has lived through the Vietnam War, the Gulf War, and 9/11. Young adults, born in the 1980's have only experienced the Gulf War and 9/11. The younger generation has fewer past experiences to help them cope with any stressful and traumatic events that may occur.

The ability for older adults to cope with traumatic events is of special significance in this project because it seemed to support the maturation hypothesis. These older adults have utilized various coping techniques during other traumatic events more so than different age cohorts. A resident in a wheel chair who was breathing through an oxygen support tank said, "I have lived so many years and went through many difficult times. And I know that we can do it this time, too." Similar comments were repeated among nursing home residents in the debriefing sessions. These comments illustrate a re-*assurance coping style*, and it may be unique to the advanced age cohorts.

During the middle through the ending stages of debriefing, residents were invited to share their past and current stress coping techniques. Some shared techniques were 1) focusing on the

positive memories in their lives; 2) concentrating on the present instead of worrying about the future; 3) practicing religions; 4) attending activities at their nursing homes; and 5) seeing positive elements resulting from the tragedy. These coping skills used by older adults may be unique to this age group. Several residents said, "The good thing was that the attack brought us together closely." In addition to those coping techniques, the routine schedules at those facilities seemed to play important roles in providing normalcy to the residents.

Furthermore, the 9/11 attacks affected nursing home staff. During the staff members' debriefing, some of the concerns shared by staff participants included general safety, difficulty in concentrating on their jobs, and problems in interacting with residents suffering from dementia during the period of intense alert after the tragedy. This initial attempt in providing a disaster outreach program to nursing home settings suggested a future role for counseling psychologists with this population.

This 9/11 outreach program to nursing home residents provided several important clinical and research implications in order to serve older adults in future exposures to disaster. First, mental health professionals must be aware of the need for timely support and other possible recourses to seniors following a traumatic exposure. Internet information needs to be updated quickly for the public in order to better assist older adults after a traumatic event. Clinicians at academic institutions and regional mental health facilities need to form a disaster outreach team to prepare themselves for future disasters. Second, mental health professionals must be aware of a strong need for staff training at nursing homes in their community. Many nursing homes that were contacted by us failed to see the importance of debriefing their residents after 9/11. Those who received our services requested staff training workshops to deal with occupational stress (i.e. overloading work schedules and death and dying issues). Third, more research needs to be

conducted to test the age-related differential vulnerability hypothesis in a systematic manner to understand the impact of disasters on older individuals as suggested by Fields (1996). For example, future research should address the age-different effects on different variables found in this project (e.g. efficacy of debriefing, locations of residence, pre-existing health issues, routine schedule). Finally, from a psychologist's point of view, the group of older adults that are mentally healthy may be easy to work with. The other older adults—those who are suffering from dementia and other mental disorders—may be just as, if not more, in need of attention. A disconcerting comment by a nursing staff member made us "think twice" when the person said: "The residents are fine…they are just watching television as usual."

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